THIS FORM MUST BE POSTMARKED BY SEPTEMBER 30, 2014 and mailed to:

Brenda Teach Division of Utilities and Solid Waste Management 4520 Metropolitan Court Frederick, MD 21704

NON-RESIDENTIAL SYSTEMS RENEFIT CHARGE APPEAL FORM

I am the (Circle One): Owner or Authorized Agent	Account No
(If Authorized Agent - Please send copy of document creating authorization)
Name	Premise Address
Address	
Telephone Number ()	Premise Phone
BASIS FOR APPEAL (Applicant must attach supporting 1. If you are appealing the Generator Category, indicate: (Applicant must attach supporting 1.)	g documentation specified below) Please read additional instructions below)
Generator Category shown on tax bill:	ım-low Medium medium-high high
Generator Category suggested:	ım-low Medium medium-high high
2. If you are appealing the number of Units, indicate: Number of units indicated on Tax BillActu Has a previous appeal been filed for this property? □ yes	
Contact:	
not state the net weights of waste from the property according then the application must also include copies of the contract invoiced amounts. State certification of scale calibration must affidavits stating an estimate of tonnage are not acceptable. If invoices for waste collection do not exist, the applicant must The Division may inspect the property and/or require additional contraction.	the solid waste collector(s) for the property. If such invoices doing to weight tickets issued for state certified calibrated scales, is stating the dumpster volumes and frequency of service to the
If requesting review of the number of Units (enclosed floor area • Evidence of the actual gross floor area of the property from assess Frederick County Division of Permitting & Development Review Every application must include the property floor area of the property from assess frederick County Division of Permitting & Development Review	or's worksheets at MSDAT or from architectural plans filed at the
above property tax account number, including all leased portions of th examination of business records as necessary, permission to contact al	

Signature_____Print Name_____ Date

for the purposes of this appeal; and (4) I understand that, after review of the appeal, the DUSWM may affirm or adjust (increase or decrease)

the System Benefit charge. All decisions of the Director are final and valid for a three-year period.